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**FACSIMILE COVER SHEET** 

DATE: OCHOBER 21, 2005

NUMBER OF PAGES (INCLUDING

THIS TRANSMITTAL COVER SHEET): 21

TIME:

OUR REFERENCE: 223468

FROM: Christopher T. Griffith, Reg. No. 33,392

TELEPHONE: (312) 616-5600

To: COMMISSIONER FOR PATENTS

U.\$. PATENT AND TRADEMARK OFFICE

P.O. Box 1450

Alexandria, VA 22313-1450

TELEPHONE NUMBER:

FACSIMILE NUMBER:

571-273-8300

IN RE APPLN. OF:

WILLAERT ET AL.

APPLICATION NO.

10/614,148 06/7/03

FILED: FOR:

STABLE ELECTROLUMINESCENT DEVICES

GROUP ART UNIT:

1774

EXAMINER:

THOMPSON, CAMIE S.

RECEIVED OIPE/IAP

ATTACHED:

FORM PTO 1083 (1 PAGE IN DUPLICATE)

TERMINAL DISCLAIMER (3 PAGES IN DUPLICATE)

RESPONSE TO OFFICE ACTION (12 PAGES)

OCT 2 4 2005

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**FORM PTO-108** 

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PATENT

Attorney Docket No. 223468 Client Reference No. GN 01029A OCONOLAMP DIV

Date: October 21, 2005

In re Application of: Willaert et al.

Application No.

10,614,148

Filed:

July 7, 2003

For:

Stable Electroluminescent Devices

Mail Stop Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted here with is a reply to office action in the subject application.

- Small entity status is claimed for this application under 37 CFR 1.27.
- Petition for an extension of time for the period noted below, as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

☐ Other:

Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal shaet is enclosed herewith.

	<u> </u>					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
TIME EXTENSION	PET	TION FEE		none		\$ 0.00		\$ 0.00	
subtract time extension fee previously paid			none		(\$ 0.00)		(\$ 0.00)		
CLAIM FEE	RE	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE
TOTAL		24	MINUS	20	= 4	x 25 =	5	x 50 =	\$200.00
INDEPENDENT		12	MINUS	4	= 8	x 100 =	\$	x 200 =	\$1,600
☐ FIRST PE	PRÉSENTATION OF MULTIPLE CLAIM					+ 180 =	\$	+ 360 =	\$
TOTAL AMOUNT TO BE CHARGED TO DEPOSIT ACCOUNT					TOTAL	\$	TOTAL	\$1,800	

The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216.

Any filing tees under 37 CFR 1.16 for the presentation of extra claims.

Any paterit application processing fees under 37 CFR 1.17.

Respectfully submitted,

LEYDIG, VOIT & MAYER, LTD.

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Amendment or ROA Transmittel (Revised 5/9/05)

Christopher T. Spitith, Reg. No. 33392